

Exhibit N



Smart Choice. Managing Costs.

Qualified DCW Rate Sheet (Page 1 of 1)

Qualified Direct Care Worker (DCW) Rate Sheet

Complete this form for each new DCW and service procedure code or when there is a change to an existing DCW rate or service procedure code. PPL will implement all wages at the beginning of the next available pay period start date. DCW wage changes will be processed within two weeks from the date received and will always go into effect at the beginning of pay period.

DCW Name (please print): LATIESHA

SANTIAGO

Address: [REDACTED]

Township/Borough/School District: ALLENTEOWN BOROUGH

DCW Social Security Number: [REDACTED]

New Service Change of Existing Service New Rate Change of Existing Rate

Service (Procedure Code)	DCW Rate per Hour
Personal Assistance Services (W1792)	11.00
Respite (S5150)	
Participant Directed Community Supports (W1900)	

Common Law Employer Name (please print): [REDACTED]

Common Law Employer Signature: [REDACTED]

Date: 5/12/14

Participant's Name (if different from CLE): [REDACTED]

Direct Care Worker (please print): LATIESHA

SANTIAGO

Direct Care Worker Signature: [Signature]

Date: 5/12/14

MAIL FORM TO:

PA OLTL
PUBLIC PARTNERSHIPS, LLC
P.O. BOX 61257
HARRISBURG, PA 17106-1257

New OLTL DCW

Version 1.2

EXHIBIT

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Qualified Direct Care Worker (DCW) Rate Sheet

Complete this form for each new DCW and service procedure code or when there is a change to an existing DCW rate or service procedure code. PPL will implement all wages at the beginning of the next available pay period start date. DCW wage changes will be processed within two weeks from the date received and will always go into effect at the beginning of pay period.

DCW Name (please print): Sachelle SimmsAddress: [REDACTED]Township/Borough/School District: ALLENTOWN CI. ALLENTOWN CI.DCW Social Security Number: [REDACTED]

New Service Change of Existing Service New Rate Change of Existing Rate

Service (Procedure Code)	DCW Rate per Hour
Personal Assistance Services (W1792)	\$ 12.50
Respite (S5150)	
Participant Directed Community Supports (W1900)	

Common Law Employer Name (please print): [REDACTED]Common Law Employer Signature: [REDACTED] Date: 09/11/15Participant's Name (if different from CLE): [REDACTED]Direct Care Worker (please print): Sachelle SimmsDirect Care Worker Signature: Sachelle Simms Date: 09/11/15

MAIL FORM TO:
**PA OLTC
 PUBLIC PARTNERSHIPS, LLC
 P.O. BOX 1108
 WILKES-BARRE, PA 18773-9908**

New OLTC DCW

Version 1.1



Qualified DCW Rate Sheet (Page 1 of 1)

Qualified Direct Care Worker (DCW) Rate Sheet

Complete this form for each new DCW and service procedure code or when there is a change to an existing DCW rate or service procedure code. PPL will implement all wages at the beginning of the next available pay period start date. DCW wage changes will be processed within two weeks from the date received and will always go into effect at the beginning of pay period.

DCW Name (please print): Denise LANG

Address: [REDACTED]

Township/Borough/School District: Bucks County, Reaching

DCW Social Security Number: [REDACTED]

New Service Change of Existing Service New Rate Change of Existing Rate

Service (Procedure Code)	DCW Rate per Hour
Personal Assistance Services (W1792)	<u>\$12.00</u>
Respite (S5150)	<u>\$13.00</u>
Participant Directed Community Supports (W1900)	

Common Law Employer Name (please print): [REDACTED]

Common Law Employer Signature: [REDACTED] Date: 9-24-14

Participant's Name (if different from CLE): [REDACTED]

Direct Care Worker (please print): Denise LANG

Direct Care Worker Signature: Denise Lang Date: 09-24-2014

MAIL FORM TO:

P.O. BOX 61257

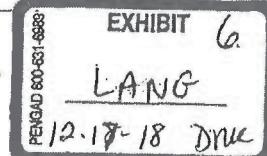
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P.O. BOX 61257

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New OLTL DCW

Version 1.1





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Qualified DCW Rate Sheet (Page 1 of 1)

Qualified Direct Care Worker (DCW) Rate Sheet

Complete this form for each new DCW and service procedure code or when there is a change to an existing DCW rate or service procedure code. PPL will implement all wages at the beginning of the next available pay period start date. DCW wage changes will be processed within two weeks from the date received and will always go into effect at the beginning of pay period.

DCW Name (please print): Desiree Lang

Address: [REDACTED]

Township/Borough/School District: Drexeline DA

DCW Social Security Number: [REDACTED]

New Service Change of Existing Service New Rate Change of Existing Rate

Service (Procedure Code)	DCW Rate per Hour
Personal Assistance Services (W1792)	\$13.00
Respite (S5150)	
Participant Directed Community Supports (W1900)	

Common Law Employer Name (please print): [REDACTED]

Common Law Employer Signature: [REDACTED] Date: 11/24/2014

Participant's Name (if different from CL): [REDACTED]

Direct Care Worker (please print): Desiree LangDirect Care Worker Signature: Desiree Lang Date: 11/20/2014

MAIL FORM TO:

PA OLTL
PUBLIC PARTNERSHIPS, LLC
P.O. BOX 1108
WILKES-BARRE, PA 18773-9905

New OLTL DCW

Version 1.3

